

higher concentration of mold spores in the environment.

A most interesting possibility is raised by the Novey and Wells paper. Having identified ABPA as an important disease in California, it would be of interest if Dr. Novey was informed of how many further cases of ABPA were identified in the western states by the thousands of physicians who have read *THE WESTERN JOURNAL OF MEDICINE* and his report.

ROY PATTERSON, MD
Chairman, Department of Medicine
Northwestern University Medical School
Chicago

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Of Cults and Armageddon

THE RECENT gruesome events at Jonestown in Guyana remind us how little we understand about some aspects of human nature and human behavior. How more than 900 persons of all ages could engage in a planned, even rehearsed, ritual of murder and suicide defies comprehension in our present state of knowledge. As far as is known such an occurrence on such a scale is unprecedented in modern times. The awful thought arises that what has happened once can happen again, perhaps on an even larger scale, unless somehow we can gain a better understanding of this human aberration, and find better means of detecting it in an early stage and instituting effective prevention.

It is not really known whether there is some inborn weakness or defect which may make some persons susceptible and others not, whether there is something about a person's life experience or whether there is a form of psychological contagion which in a sense might infect persons. In some individual instances of murder and suicide insanity clearly plays a role, but not in all. There are instances in which both killing and suicide are rational acts—in self-defense or to avoid further suffering that is simply unbearable, for example. But neither individual insanity in so many persons at one time and in one place, or murder and suicide as rational acts, seem adequate to explain the horror of Jonestown. It seems

that there must have been some element of contagious aberration which so affected more than 900 persons that they saw this evidently planned and to us unbelievable ritual of murder and suicide as, for them, a rational and presumably necessary act.

In this context one cannot help but think of the murderous atrocities perpetrated against the Jewish people in Hitler's Germany and the ultimate apparent suicide of the leader of the Nazi cult. Germany and the German people had seemed to be among the most sane and rational of peoples and yet they were somehow swept along by a charismatic and irrational leader who imposed his murderous irrationality upon that apparently most civilized nation. One cringes at the thought of what might have happened had that leader, who by this time was obviously insane, been in possession of the power to make his suicide global by pressing a button that would have released a holocaust of worldwide nuclear destruction. In such a circumstance, which we understand is technically possible today, Armageddon could be a reality.

Cults tend to form around charismatic leaders and charismatic leaders are often somehow not like other people. There is an infectiousness in their leadership that spreads among their followers and gives them power which can extend to life and death for their followers and for others. Perhaps the Jonestown experience is telling us something. It could be a warning that unless we find ways to understand the murderous and suicidal aberrations that can occur in charismatic leaders and their cults, find better means for their early diagnosis, and discover how to institute timely and effective prevention or countermeasures, Armageddon might just happen as a result of this poorly understood human aberration in persons in positions of great power. It would seem none too soon to begin the process of more certain prevention of this unthinkable but nevertheless quite possible circumstance.

—MSMW

Intussusception

THIS ISSUE of the *WESTERN JOURNAL* contains a Specialty Conference on the important topic of intussusception, to which this editorial will refer.

There will be general agreement today that a barium enema study is the conclusive diagnostic test when intussusception is suspected and that it should be undertaken in the expectation of apply-

ing it therapeutically if the diagnosis is confirmed. One would assume, although this is not mentioned in the conference, that in each of the patients a nasogastric tube was in place and intravenous fluid was running when the examination and treatment were undertaken. As indicated by cases 2, 3 and 4, the advantages of attempted reduction by hydrostatic pressure are not only the avoidance of operation in some 75 percent of the cases but a reduction of the intussusception to the right side of the colon or the cecum in virtually all of the rest (in fact, in 10 percent of those operated upon after "unsuccessful" reduction, the operation discloses that complete reduction had been achieved). It is not indicated that the barium enema reduction was conducted by a surgeon or with the surgeon present and the operating room formerly alerted to prepare for the operation. To undertake barium enema reduction in the office or even in the hospital without the participation of the surgeon who will do the operation, if one is required, invites unnecessary delay; it perhaps is not unlike having a radiologist manipulating fractures under a fluoroscope calling in an orthopedic surgeon only if open reduction is required.

One might be permitted some astonishment about Dr. Nyhan's description of mucus in the vomitus as if this were in some way related to the mucus in the currant-jelly stool. As we have shown experimentally, the epithelial cells of the intussusceptum are quickly converted into goblet cells swollen with mucus, the source of the jelly. It is not known to me whether it has been shown that in children with intussusception or any other type of acute intestinal obstruction, large amounts of mucus develop in the upper gastrointestinal tract. I have certainly not recognized such mucus production.

The concern about the reduction of an anatomical leading point lesion expressed in the conference by a member of the audience is, of course, a common one. One would agree that it is precisely those intussusceptions with polyps, enterogenous cysts and Meckel diverticula which are least likely to be successfully reduced by barium enema, and, in any case, these are not lesions which are, in themselves, as inherently dangerous as let us say a carcinoma causing intussusception of the colon in an adult.

It is difficult to escape the conviction that a very large proportion of intussusceptions are due

to enlargement of the lymphoid patches in the terminal ileum, probably in association with viral diseases, although as the discussion indicates results of several studies are only strongly suggestive. It is noteworthy that many of the other conditions associated with intussusception involve hemorrhagic lesions of the mucosa—Henoch-Schönlein purpura, trauma, leukemia, chemotherapy.

No comment was made in the conference as to how late in the course of the disease it was still reasonable to undertake barium enema reduction, other than to state that the yield decreased progressively. Since patients have nasogastric tubes in place, are receiving fluids intravenously and are receiving antibiotics (always administered to any patient suspected of having potentially ischemic bowel), little is lost and much is gained by attempting barium enema reduction in all patients with intussusception. Some intussusceptions after several days are nonstrangulating and can be completely reduced and, in most of the others, the intussusception will be reduced to the right colon permitting a right lower quadrant exploration instead of a general laparotomy.

MARK M. RAVITCH, MD
Surgeon-in-Chief
Professor of Surgery
Montefiore Hospital
University of Pittsburgh
School of Medicine
Pittsburgh

The Increasing Use of Emergency Services: Why Has It Occurred? Is It a Problem?

THE ANNUAL NUMBER of emergency room (ER) visits in this country has risen from 18 million in 1958, to 44 million in 1968, and 77 million in 1977.¹⁻³ Although many of these visits are for emergency conditions, it is clear that as many as 70 percent to 85 percent are for nonurgent problems.²⁻⁴ Blaisdell notes in the Trauma Rounds elsewhere in this issue of the journal that these trends were not caused by a recent epidemic of emergencies. Their roots are found in social and economic forces that must be understood in order to decide whether a problem exists that requires action.

As is the case with rising health care costs, the greater use of emergency services seems to be associated with factors related to both the demand